

Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes

Executive Summary: Phase II Report

This report is the latest in a series of important actions toward fulfilling this Administration's commitment to achieving high-quality nursing home care and providing reliable, understandable information to the public. This report has been conducted in response to public concern about inadequate nursing home staffing and a long-standing requirement for a study and report to Congress on the "appropriateness" of establishing minimum nurse staffing ratios in nursing homes. A Phase I report was delivered to Congress in July 2000.

Currently CMS has requirements of 8 hours of registered nurse and 24 hours of licensed nurse coverage per day that applies to all facilities, irrespective of the number of residents. The Congressional requirement for this study essentially asks the Secretary to determine if there is some appropriate ratio of nursing staff to residents. However, without substantial evidence that there exists a relationship between levels of staff and resident outcomes, the "appropriateness" of establishing minimum nurse staffing ratios would be a moot point. This report demonstrates that there are critical staffing thresholds, below which the quality of care delivered to nursing home residents could be compromised.

In this concluding Phase II report, an analysis of data from 10 states with over 5,000 facilities found evidence of a relationship between staffing ratios and the quality of nursing home care. The analysis identified staffing thresholds that maximize quality outcomes. These thresholds vary by nursing category and whether the quality outcomes are related to the short stay or long stay nursing home population. Although no quality improvements are observed for staffing levels above these thresholds, quality is improved with incremental increases in staffing up to the identified thresholds.

"Appropriateness" of Minimum Nurse Staffing Ratios: Other Considerations

The report also found other issues relevant to a consideration of "appropriateness" that are outlined below.

- The study indicates that current nursing workforce shortages do not preclude higher minimum staffing requirements, but that implementation of staffing thresholds would require substantial increases in wage rates.
- There are policy alternatives to minimum nurse staffing requirements that could result in enhanced nurse staffing resources. For example, a requirement for minimum expenditures for nursing staffing could result in similar quality improvements.

- High turnover of nursing personnel can be reduced within the current environment. For example, the study indicates that there are a number of management practices that resulted in lower turnover within tight labor markets.
- Nurse staffing data currently does not exist that is sufficiently accurate for consumer information and for determining compliance with any staffing requirement that might be implemented. However, it appears that this could be remedied with little additional burden to providers.
- There is no definitive answer on whether the cost of implementing nurse staffing ratio requirements is so high as to preclude its feasibility. Medicare expenditures are sufficient to staff at minimum levels and total national nursing home expenditures would need to increase by an estimated 8 percent. Ongoing work continues on this question.

Importance Of Factors Other Than Staffing Numbers/Ratios

The relationship between quality and critical minimum staffing levels was supported by case studies of individual facilities, units, and residents. Below minimum staffing levels on particular units and shifts, there appears to be little facilities can do to mitigate quality problems. But these staffing minimums, to the degree that they can be translated into facility-wide averages, are well below the thresholds discussed above which result in the maximum quality observed. Above these minimum levels identified in the case studies, addressing a number of nursing and management practices can optimize care. These include the involvement of non-nursing staff (e.g., single task workers, management) during peak hours (e.g., mealtimes); facility practices with respect to absenteeism; and good management and supervision including clear guidelines and procedures, clear expectations regarding standards of care, use of tools and materials to guide practice, and consistent enforcement of standards.

Additional qualitative analyses in the report emphasized the importance of improved nurse aide training. Clinical training during a nursing assistant's first few months on the job, and formal supervision and continuing education throughout a nursing assistant's career are particularly important.

A strong relationship was also found between nursing assistant retention and several quality measures. Although high turnover and retention could not realistically be subject to regulation, two sets of case studies on management practices, the qualitative study on nurse aide training, and the retention analysis, all demonstrate the importance of other staffing factors besides staffing levels in quality of nursing home care.

Next Steps

Notwithstanding all the unresolved issues related to the appropriateness of minimum nurse staffing ratios, the Phase II report has identified two areas that will lead to improvement in nurse staffing: the development of a reliable public reporting system of nurse staffing information and the need for completing the analysis of costs associated with higher staffing levels.

Reliable Public Reporting of Nurse Staffing Information

The Phase I report established that currently available staffing information on individual nursing homes is highly inaccurate. Yet accurate staffing information is important for consumers and would be critical to any effort to enforce a minimum staffing requirement. With reliable information, nurse staffing levels may simply increase due to the market demand created by an informed public. Although the staffing thresholds identified in the report as maximizing quality may not ultimately become the basis for Federal or State minimum requirements, consumers arguably have the right to select homes with these standards in mind.

In order to make reliable staffing information available to the public, the Department is initiating a project to develop and test a more accurate reporting form for providers, an audit mechanism for what is reported, and the most efficient method of transmitting these data for public reporting. The Phase II study conducted some preliminary field work which can be the starting point for developing a reliable public reporting system for nurse staffing.

Cost Analysis

The report does not make specific policy recommendations. It does, however, provide an empirical basis for any examination of issues and costs related to nursing home staffing proposals. Although many states may look to the report for standards upon which to base minimum staffing requirements under their state licensure authority, we do not think there is currently sufficient information upon which to base and enforce a Federal requirement. An analysis is needed of the quality improvement/cost tradeoff as staffing increases up to the thresholds. In considering any staffing requirement, it is fundamentally important to know how much quality we are purchasing with cost increases. Ultimately, any cost analysis has to be based on specific legislative proposals, the implementation phase-in schedules, and the programmatic impacts.